



JOB SEARCH VERIFICATION

State Form 48335 (7-97) / IMP 0022

Client name:	
Worker ID:	Case number:

INSTRUCTIONS: Please fill out the information below and return this form to the following address by _____. Thank you.

County Office of Family and Children	
Address (street, number, city, state, ZIP)	
Worker's name	Telephone number ()

List below EVERY face-to-face contact you make with employers and any employment agencies. When you contact the same employer more than once, fill in a line for each separate contact. Continue your list on the back of this form.

DO NOT ASK THE EMPLOYER TO SIGN

Date	Employer's name, address, telephone number	Name of the person with whom you talked	Contact		What happened?
			Filed Application	Interview	

THE INFORMATION I HAVE GIVEN ON THIS FORM IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Client's signature	Date (month, day, year)
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(see reverse)

[illegible]